

## FEE TRANSMITTAL

Complete if Known

Application Number	10/783,297
Filing Date	February 20, 2004
First Named Inventor	QIN
Group Art Unit	
Examiner Name	
Attorney Docket Number	PRD-2041

## FEE CALCULATION

## CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$770.00
TOTAL CLAIMS	64 - 20 =	44	x 18.00	\$ 792.00
INDEPENDENT CLAIMS	17 - 3 =	14	x 86.00	\$1,176.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$290.00	
			TOTAL FEES	\$1,946.00

## METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/PRD2041NP/MHM in the amount of \$1,946.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/PRD2041NP/MHM. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		Complete (if applicable)
Typed or Printed Name	Myra H. McCormack	Reg. No. 36,602
Signature	<i>Myra H. McCormack</i>	Deposit Account No. 10-0750
	Date: 2/20/2004	